

# **NOTICE OF PRIVACY PRACTICES**

**Effective as revised January 17, 2014**

**IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Louisville Metro Department of Emergency Medical Service (EMS) is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Subtitle D of the Health Information and Technology for Economic and Clinical Health Act (HITECH) to protect the privacy of certain confidential health care information, known as Protected Health Information (PHI), to provide individuals with a notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. EMS is also required to abide by the terms of the version of this Notice currently in effect. This Notice provides contact information for questions and for obtaining further assistance if you need more help.

**Uses and Disclosure of PHI under HIPAA and HITECH:** EMS may use PHI for purposes of treatment, payment and health care operations, in many cases without your written permission.

**For treatment:** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, such as the hospital ER staff, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

**For payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, such as submitting bills to insurance companies, Medicaid, and Medicare, making medical necessity determinations and collecting outstanding accounts.

**For health care operations:** This includes quality assurance activities, licensing programs to ensure that our personnel meet the requisite standards of care and follow established procedures, and training programs for our personnel and others involved in emergency health care, such as providing clinical experience required by educational institutions and training programs.

**Uses and Disclosures of PHI Without Your Authorization under HIPAA and HITECH:**

EMS is permitted to use and disclose PHI without your written authorization or opportunity to object in certain situations (unless prohibited by more stringent state or other federal law), including:

- For EMS's use in treating you, for obtaining payment for EMS's services provided to you, and in EMS's health care operations activities;
- For the treatment activities of another health care provider;
- To another health care provider or entity for its payment activities (such as your hospital or insurance company);
- To another HIPAA covered entity, such as the hospital to which you are transported, for its health care operations activities as long as that entity has or has had a relationship with you and the PHI pertains to that relationship;
- Incident to a use or disclosure otherwise permitted or required by the HIPAA Privacy Rule, as long as EMS has appropriately safeguarded the PHI and used or disclosed only the minimum PHI necessary for the purposes of the use or disclosure;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so, if we give you an opportunity to object to such a disclosure and you do not raise an objection, or if we infer from the circumstances that you would not object, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, or location;
- When the law requires EMS to disclose your PHI, such as to report certain health conditions to the state or local health department;
- For health care fraud and abuse detection or for legal compliance activities, such as to detect Medicare fraud;
- To a public health authority in certain situations as authorized or required by law, such as to report abuse, neglect, or domestic violence, or exposure to a communicable disease, or to conduct public health surveillance or investigations;
- To a government authority when required or authorized by law to report abuse, neglect or domestic violence if there exists reasonable belief that you have been the victim of abuse, neglect or domestic violence;

- For health oversight activities, including audits or government investigations, inspections, licensures, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant or when information is needed to locate a suspect;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes in compliance with workers' compensation laws;
- To an organization that handles organ procurement or organ, eye or tissue transplantation as necessary to facilitate that procurement or transplantation;
- To a correctional institution if the disclosure is necessary for the health and safety of the inmate or correctional staff;
- For research projects, but this will be subject to strict oversight and approvals; and
- For military, national defense and security, or other special government functions.

**De-identified PHI:** EMS may use or disclose health information about you if it is de-identified in a way that does not personally identify you or reveal who you are.

**Business Associates:** EMS may hire third parties to provide services needed by EMS. When outside entities receive, create, maintain, transmit, use or disclose PHI to perform various functions on behalf of EMS or to provide certain types of services to EMS, those entities serve as EMS's business associate. EMS must enter into a written contract with those entities requiring them to meet certain privacy and security requirements and to provide certain rights to you regarding your PHI. For example, EMS uses an outside billing service which serves as EMS's business associate in conducting those services. Business associates must also meet all of the administrative, physical and technical safeguards that apply to EMS under the HIPAA Security Rule. There are also departments and offices of the City that provide business associate services to EMS. These City departments and offices are

components of EMS under HIPAA and HITECH to the extent that they receive PHI from EMS provide such services to EMS and must meet the business associate privacy and security requirements.

**Authorization for Uses and Disclosures of PHI:** The following uses and disclosures of your PHI will be made **only with your authorization**: 1) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); 2) uses and disclosures of PHI for marketing purposes; 3) disclosures that constitute a sale of PHI; and 4) all other uses and disclosures not described in this Notice.

**Revocation of Authorization for Uses and Disclosures of PHI:** You have a right to revoke your authorization for the use and disclosure of your PHI at any time with a written revocation of such authorization. The revocation will be effective for future uses and disclosures of PHI, but not for PHI that has already been used or disclosed by EMS in reliance on the authorization.

**Minimum Necessary Requirement:** When using, disclosing, or requesting PHI, EMS will make reasonable efforts to use, disclose or request only the minimum PHI necessary to accomplish the intended purpose of the use, disclosure or request. This requirement, however, does not apply to the following: 1) disclosure or request by a health care provider for treatment; 2) use or disclosure made to the individual; 3) disclosure made to the U.S. Department of Health and Human Services for purposes of HIPAA and HITECH compliance or investigations; 4) use or disclosure that is required by law; and 5) use or disclosure that is required for EMS's compliance with legal regulations.

**Patient Rights:** As a patient, you have a number of rights under HIPAA and HITECH with respect to your PHI, including:

**The right to access, copy or inspect your PHI.** This means you may inspect and request copies of most medical and billing information about you that we maintain. EMS must provide you with access to your PHI in the form and format that you request if EMS can readily do so, but otherwise in a form and format agreed by you and EMS. If EMS maintains your PHI electronically, then EMS will provide your PHI in the electronic form and format that you request if EMS can readily do so, but otherwise will provide the PHI in an electronic form and format agreed by you and EMS. You can direct EMS to transmit the copy of your PHI to another person. To do so, the request must be in writing and signed by you, with clear identification of the person you are designating to receive your PHI and where to send the requested copy.

A request to copy or inspect your PHI must be made in writing to EMS. We have available forms for this request and will normally provide you with access to this information within 30 days of your request. We may charge you a reasonable fee to copy any medical information that you have a right to access. In limited circumstances, we may

deny you access to your medical information, and you may appeal certain types of denials. EMS will provide a written response if we deny your access and will let you know your appeal rights. To inspect or request copies of your medical information or obtain more information about this right, please contact an EMS Co-Privacy Officer at the address or phone number indicated below.

*The right to amend your PHI.* You have the right to ask to amend written medical and billing information that we may have about you. A request to amend your PHI must be submitted in writing to EMS, and we have an available form for making this request. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your information only in certain circumstances, like when we believe that information you have asked us to amend is correct. To request an amendment of your PHI or obtain more information about this right, please contact an EMS Co-Privacy Officer at the address or phone number indicated below.

*The right to request an accounting of our disclosures of your PHI.* You may request an accounting from us of certain disclosures of your medical and billing information that we have made in the last six (6) years prior to the date of your request. We are not required to give you an accounting of information we have disclosed for purposes of treatment, payment, or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our disclosures of your PHI for which you have given us written authorization. A request for an accounting of certain disclosures of your PHI must be submitted in writing to EMS, and we have a form available for this request. To make such a request or to obtain more information about this right, please contact an EMS Co-Privacy Officer at the address or phone number indicated below.

*The right to request that EMS restrict the uses and disclosures of your PHI.* You have the right to request that we restrict how we use and disclose your medical and billing information that we have about you. Unless the law requires otherwise, EMS must agree to your request to restrict disclosure of your PHI if the disclosure is to a health plan for purposes of carrying out payment or health care operations (rather than for treatment purposes) and the PHI pertains solely to a health care item or service for which EMS has been paid out-of-pocket. For all other restriction requests, EMS is not required to agree to any restrictions you request, but any restrictions agreed to by EMS in writing are binding on EMS. If, however, you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. A request to restrict the use or disclosure of your PHI must be submitted in writing to EMS and must state the restriction and to whom the restriction applies. EMS

has an available form for a restriction request. To make such a request or obtain more information about this right, please contact an EMS Co-Privacy Officer at the address or phone number indicated below.

*The right to receive confidential communications of your PHI.* You also have the right to request that EMS communicate with you about your PHI by alternative means or at alternative locations. For example, you may request that we send all correspondence to you at a post office box rather than to your home address. We must accommodate reasonable requests to do so. A request for EMS to communicate with you about your PHI by alternative means or at alternative locations must be submitted in writing. In addition, this written request must state how you want EMS to communicate about your PHI with you in the alternative manner or must state the alternative location. EMS has an available form to make this request. To make such a request or obtain more information about this right, please contact an EMS Co-Privacy Officer at the address or phone number indicated below.

*The right to receive notification of a breach of your unsecured PHI.* EMS is required to notify you of a breach of your unsecured PHI. If your unsecured PHI is used, disclosed, accessed or acquired in violation of the HIPAA Privacy Rule so that the privacy or security of the unsecured PHI is compromised, EMS must notify you within 60 days of the breach, including a brief description of what happened, the dates of the breach and its discovery, steps that you should take to protect yourself from potential harm resulting from the breach, and a brief description of what EMS is doing to investigate the breach, mitigate losses, and protect against further breaches. To obtain more information about this right, please contact an EMS Co-Privacy Officer at the address or phone number indicated below.

*Internet, electronic and paper copies of this Notice.* You may access a copy of this Notice on our website at <http://www.louisvilleky.gov/EMS/>. You have a right to receive a paper copy of this Notice at any time, even if you agreed to accept this Notice electronically. To obtain a paper copy of this Notice, please contact an EMS Co-Privacy Officer at the address or phone number indicated below.

**Your Right to File a Complaint:** You have the right to file a complaint if you believe EMS has violated your privacy rights. You may file a complaint with EMS by submitting it in writing to the LMEMS Privacy Officer at 514 W. Liberty St., Louisville, KY, 40202, or filling out our online "Contact Us" form at <http://www.louisvilleky.gov/EMS/>. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services at: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; or by email to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Complaints filed with the Secretary must 1) contain the name of the entity against which the complaint is lodged; 2) describe the relevant problems, and 3) must be filed within 180 days of the time you became or should have become aware of the problem.

EMS will not retaliate against in any way for filing a complaint with us or with the government. You may obtain more information about a complaint against EMS or questions about filing a complaint by contacting the LMEMS Privacy Officer at (502) 574-4260 or 514 W. Liberty St., Louisville, KY, 40202.

**Revisions to This Notice:** EMS reserves the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site at <http://www.louisvilleky.gov/EMS/>. You can obtain a copy of the latest version of this Notice by contacting the LMEMS Privacy Officer at (502) 574-4260 or 514 W. Liberty St., Louisville, KY, 40202. **EMS Co-Privacy Officers and Contact Information:** For more information or to obtain any of the above-mentioned request forms, please contact the LMEMS Privacy Officer at (502) 574-4260 or 514 W. Liberty St., Louisville, KY, 40202.

**Effective date of this revised Notice: January 17, 2014**

I hereby acknowledge that I have been provided with a copy of the EMS Notice of Privacy Practices on this date.

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Signature	Date
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Print Name	Address
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